

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027505

1. Corporation Name

WINDY S	SUN ADVERTISING, INC.							
Principal Place of Business Mailing Address						11 00 101 6111 1001		
148 CRYSTAL KEY WAY BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/24/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number A	Applied For	
21 26						1 00 0100001	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				P. Cortifonto of Status Desired	Additional Required	
City & State	9	City & State			_	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip				try		8. This corporation owes the current year Intangible		
24 25 29 30						Personal Property Tax.	√ZNo	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	· ·	
				81	Name			
BERNSTEIN, JORY G				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	<u></u> ,-	
1700 STONEHAVEN DR #4				\perp	_		<u></u> .	
BOYNTON BEACH FL 33436				83				
				84 City FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-	named co	orporation submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment as	ts registered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was autl ons of Section 607 0505, Florid	horized Ia Statut	by th tes.	ne corpora	ation's board of directors. I hereby accept the appointment as	registered .	
SIGNATURE		0110 01, 0001011 007.0000, 1 10110				3-30:99		
SIGNATURE	Stgraffe Ayeld or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	lgent s	signature requ	uired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	•	DELETE	1.1 TITLE		ł	☐ Change	Addition	
NAME			1.2 NAM	Æ				
STREET ADDRESS	TELL TRUITED			REETA	DDRESS			
CITY-ST-ZIP				Y-ST-2	ZiP		Addition	
TITLE	☐ DELETE 2.11		2.1 TITL	Æ		☐ Change	e ☐ Addition }	
NAME				2.2 NAME			1	
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS			Í	
CITY-ST-ZIP			_	2.4 CITY-ST-ZIP		Change	Addition	
TITLE	_ _		1	3.1 TITLE		Charge		
NAME				3.2 NAME			+	
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4, CITY-		-ZIP	☐ Change	e Addition	
TITLE		☐ DELETE				Citange		
NAME			4. 2 NA				1	
SINCETPORCO					ADDRESS			
GIT-GIT-			4.4 CIT	_	ZIP	Change	e Addition	
500			5.1 TITL 5.2 NAA			· · · · · · · · · · · · · · · · · · ·	- Lindinoii	
I NAME			J.2 14701	•			I .	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an antachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ALANGURE REQUIRED

INDICATE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3-30-99

561-374-9987

Daytime Phone #

Change

Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90091 015 ***150.00

R2F034 (11/98)